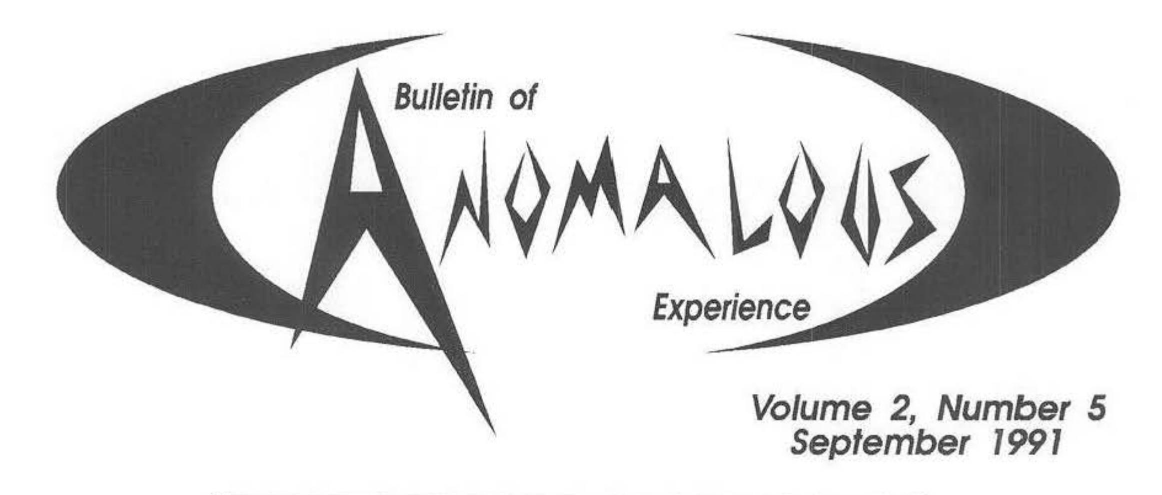


Volume 2, Number 5
September 1991

Highlights:

- **Estimated Prevalence of EAT**
- **Reflections on "Temporal Lobe Lability"**
- **UFOs in the Atlantic!**
- **"Fantasy Prone Personality:" New Findings**
- **The Holographic Paradigm**
- **Eye Movement Desensitization**
- **Childhood Traumas**



Editorial Musings

(This issue was delayed by the mail strike in Canada through August and September.)

A Gift From Italy

Someone sent me, direct from Italy, the #9, "Gennaio 1991" issue of UFO - Rivista Di Informazione Ufologica. There is a lengthy article on abductions: "Rapiti Da Un Incubo: Un aggiornamento sul problema delle 'abduction'" by Paolo Toselli. The bibliography seems quite comprehensive in its exploration of interpretations: The views of Budd Hopkins, David Jacobs, Edith Fiore, Joe Nyman, Rima Laibow and Ed Bullard are discussed, and so are those of Dennis Stillings, Robert Baker, Hilary Evans, Michael Persinger, Basterfield and Bartholomew and David Hufford.

There was no other enclosure, so I'm not sure who sent it or why. Thanks anyway.

Dry Spell?

Only three new experiencers have contacted me in the last 4 months; of these, two lived far out of town and we have only corresponded. The third came to me for help with a symptom he thought was related to his UFO encounters, but turns out to have a conventional (though difficult to diagnose) explanation.

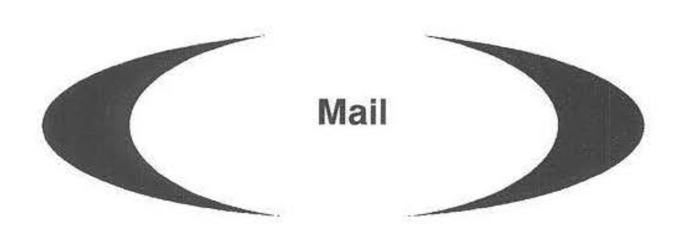
This is despite a significant play in the media locally, including rebroadcasts of national TV and radio shows in which I appeared. Are other therapists experiencing the same drop in new cases?

Speaking of Dry Spells

Not much mail over the summer, so a substantial part of this issue consists of items from the scientific and medical literature of interest to followers of anomalous experiences. As Arthur Koestler has said, "Creative imagination is frequently associated with the interplay between two conceptual frameworks." In this spirit, I have included items about the "fantasy-prone personality," "temporal lobe lability," "metachoric experiences," and the new holographic paradigm.

I would be interested to know whether this kind of excerpt from the literature is of interest to you, the readers. Do the topics interest you? Are they new to you, or do you already read from from the sources I mention? Let me know.

For information on editorial policy, contributions and subscription information, see page 5.



A clarification from David Hufford:

I am writing to clarify a comment that I made in my letter, part of which you published, with my permission, in the June issue of BAE. In that I characterized IUR as "too theory laden to permit comparison across categories." Seeing that in print I realized that, because of my loose use of a jargon term, it might well sound to some readers like a criticism of IUR. I certainly did not mean it that way. I think IUR is an excellent journal, and I have great respect for Jerry Clark's work.

As I use the term "theory laden" it is not intended to be pejorative in any way. I assume that all knowledge-making activity is "theory laden," and that more theory is necessary for some tasks than for others. After all, our terms and categories necessarily arise from and carry forward our theories. Furthermore, even the anomaly focus of BAE is theory laden since "anomalous" is a category that is determined by theory; for example, NDEs are anomalous or strange in terms of medical theories but not when viewed from many religious or metaphysical theories. It is only that "anomalous" is a less specific (more ambiguous) category as to theory and is therefore broader than some others. Given my somewhat peculiar research approach and goals, that ambiguity is very useful to me. But that does not make journals such as IUR any less important or valuable, and I use them also.

I hope that this corrects any misunderstanding to which my comment may have given rise. I do not like the common tendency among scholars to give credit to one enterprise only by taking it away from another. I hold a rather anarchistic view of how best to make knowledge, and such an epistemology can only be advanced by increasing the number of points of views, not by privileging some over others.

Keep up the good work, and that goes for IUR and everyone else, too!

News

Conference News

"The UFO Experience"
A Weekend with Researchers and Contactees
Oct 12-13, 1991
Holiday Inn (Exit 12, I-91)
North Haven, Connecticut

- Don Berliner and Stanton Friedman:
  Crashed Flying Saucers -- New Revelations
- Charles Hickson
  My Abduction at Pascagoula
- Budd Hopkins
  Children -- the Youngest Abductees
- Linda Moulton Howe
  An Alien Harvest -- Latest Evidence Linking Animal Mutilations and Human Abductions to Alien Life Forms
- C.B. Scott Jones
  The UFO Experience -- An International Approach to an International Enigma
- John Salter
  My ET Meetings, Social Justice, and the Great UFO Class
- Dennis Stacy
  The Crop Circle Mystery Around the World
- Michael Swords, Ph.D.
  Science, SETI and UFOs
- Philip Imbrogno
  The Belgium UFO Experience
- Larry Warren and Peter Robbins
  The Bentwaters Air Force Base UFO Coverup
- John White
  UFO Abductions and Human Rights
- The Center for UFO Studies Photo Exhibit

Registration fee: $120 per ticket until August 31; $150 thereafter. Student discount of 25%. Senior citizen discount of 10% for people 65 or older.

Write to Omega Communications, P.O. Box 2051, Cheshire CT 06410 USA

Therapy Tool for Children

"Let's Talk" Coloring Books
by Jean Mundy, Ph.D.
Illustrated by Sally Bell, MA, MS

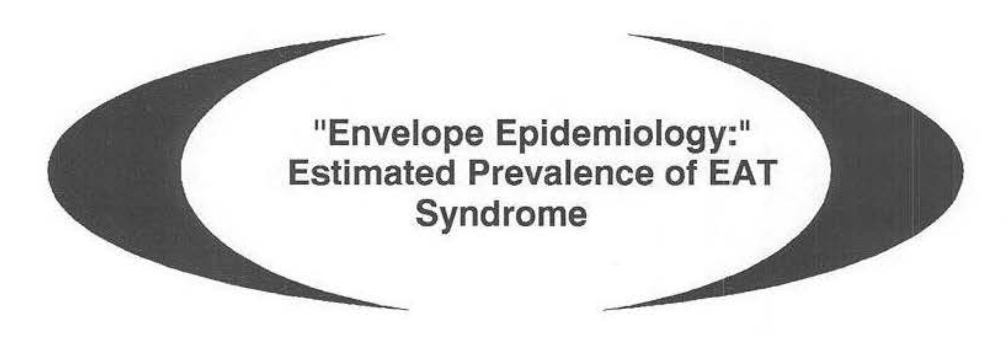
The LET'S TALK COLORING BOOKS make it easier to interview and treat troubled children. Especially helpful in evaluating child sexual abuse, these appealing new coloring books encourage expression -- without leading the child.

Appropriate for use with 4- to 9- year-olds or any child who likes to draw, each of the four Let's Talk coloring books addresses a different aspect of the child's life: School, Friends, Family, Self.

The drawings in each book pull for central childhood themes. They help children reveal interpersonal problems, sexual abuse, and trauma. But they do not lead children toward a particular response. As the child colors a picture, the therapist simply asks him or her to comment on it or to make up a story about it.

An accompanying Manual provides four sets of questions --one for each coloring book -- which can be used to encourage communication and establish rapport. The manual also includes basic interpretive guidelines.

Each kit, including a manual, four coloring books, and 1 box of crayons, sells for $25. Two or more sell for 22.50 each. For more information, contact Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025-1251 or call toll-free 800-648-8857.



"Envelope Epidemiology:" Estimated Prevalence of EAT Syndrome

by John G. Miller, M.D., FACEP
1479 Paseo Del Mar
San Pedro, Calif. 90731

I have made two estimates of the prevalence of EAT Syndrome based on information available to me. I call these estimates "envelope epidemiology" because I first did them on the back of an envelope and also because I think they might serve to give some perspective on the "envelope" or boundary of the possible extent of this syndrome.

I derived rough estimates for the Lifetime Prevalence Rate (number of cases per 10,000 population) of persons affected by EAT syndrome for (1) the L.A. / Orange County area of California, and (2) the U.S.A. as a whole.

I believe that this is the first time this has been done in any sort of quantitative fashion. I will explain how I have done this and the ideas and assumptions involved in these calculations. I will give definitions for the terms involved.

For this discussion, "E.A.T. Syndrome" will be synonymous with alien abduction experiences. "Persons affected by E.A.T. Syndrome" will mean persons who have had at least one episode in their life which could be interpreted as an abduction by or interaction with alien beings. This may not be a consciously recalled event in all cases.

"Lifetime Prevalence Rate" can be defined as:

the number of individuals living in a place who have ever had a particular disease or syndrome

divided by

The population living in that place.

(This rate is conventionally expressed as a number of cases per convenient unit of population such as "cases per 10,000.")

I realized that the numerator of the above fraction could be estimated based on numbers of known cases in an area plus some simple extrapolations based on knowledge of the characteristics of the abduction phenomenon. The denominator can be looked up in standard references.

I estimated the numerators for the two areas using the following equation:

$$N = C \times A \times R$$

where

N represents the total estimated number of cases in an area.

C represents the known cases in an area.

A is a "non-awareness factor" to account for the number of cases that are likely to exist in an area that are not reported because the individuals do not have conscious awareness of their experiences. This is an estimate of the ratio of unaware experiencers to aware experiencers. As I understand EAT Syndrome, only about 20% of affected individuals have any conscious recall of these experiences. Because of this I have a assigned a numeric factor of 5 to "A" (i.e. a 5:1 ratio). That is, if all experiencers had conscious recall we would have the potential for 5 times as many reported cases.

My own work seems to qualitatively confirm this concept in that each case with conscious recall seems to lead to several other affected but unaware individuals.

R is an under-reporting factor. This would be the ratio of aware experiencers who do not report their experiences to those aware experiencers who do report their experiences. (Nonreporters to reporters). I have assigned a value of 10 (10:1 ratio) for this factor.

I think this value may be low. The cases of consciously recalled and reported EAT Syndrome that I have investigated have generally lead to several aware but initially unreporting experiencers as well as some of the previously mentioned unaware individuals.

Underreporting is the product of the many barriers that an experiencer may face in trying to share his experiences with others. These barriers include lack of awareness of the existence of researchers in this field, lack of awareness of how to contact a researcher and lack of researcher time. Some experiencers that I have met have expressed strong feelings of disdain for researchers. They don't want to talk to researchers. Fear of ridicule or being labelled as psychotic is another strong barrier to reporting for many individuals. Illiteracy may be a barrier in some cases. Also, many people who have reported these experiences mentioned that they had to get past strong feelings or in some cases overt "instructions" from the beings that they were not to talk about these things to others.

With this introduction, this is how I calculated the lifetime prevalence rates: First I estimated "N", then I compared it to the populations.

(1) For the L.A./Orange County area

As of early 1988 the combined group of local researchers had identified approximately 90 recently reported cases in this area (C=90). Therefore, with the values of A and R as above,

N = 90 x 5 x 10 = 4500

The population of the L.A. Orange County area for 1988 was given as 10,834,000 (ref. 1) -- approximately 11,000,000. (Actually, this is the combined figures for the L.A./Long Beach areas plus the Anaheim/Santa Ana areas as expressed in my source. This gives a reasonably accurate figure for L.A./Orange County overall.)

Lifetime Prevalence = N / (Total population in the area)

= 4500 cases / 11,000,000 persons

= <u>4 cases per 10,000 persons in the L.A./Orange County area</u>

(2) For the U.S.A.

In January 1991, Budd Hopkins mentioned to me that by late 1990 he had received considerably more than 4000 letters from individuals who wished to report to him their abduction experiences. More than 95% of these letters were from persons living in the U.S.A. I had asked him about this at the N.C.A.E. meeting in Philadelphia.

From this, it would seem to be that 4000 would be a reasonable number to use for "C", the number of known cases for the U.S.A. It is almost certainly <u>low</u> as it is not reasonable to believe that Budd's pile of letters represents all known U.S. cases. For one thing, in my experience one letter often alludes to several potential or actual experiencers other than the letter's author. Nevertheless, it's interesting to plug this number into the equation for "N" and then calculate a prevalence rate:

N = 4000 x 5 x 10

= 200,000 estimated cases in the U.S.A.

The estimated population for the U.S.A. in 1990 was 250,000,000 (ref. 1).

Lifetime Prevalence = N / Total U.S.A. Population

= 200,000 cases / 250,000,000 persons

= <u>8 cases per 10,000 persons in the U.S.A.</u>

Thus, using two sets of crude data, I have calculated lifetime prevalence rates of 4 and 8 per 10,000 for the E.A.T. Syndrome. Given the inexact nature of the data I used, I think it's remarkable that the two estimates are even similar to the same power of ten. The estimate of 200,000 cases for the U.S.A. astonishes me and yet it seems low.

I recognize that my assumptions are open to question but I think they are at least qualitatively valid.

I have done this "envelope epidemiology" not as some sort of final answer but hopefully to stimulate others to improve upon this work and make their own estimates. There are many other epidemiologic questions that can be explored. I think the answers to these questions will shed a lot of light on the abduction problem.

<u>References</u>

1. <u>Information Please Almanac 1991 44th Edition</u>, 1990, page 791 and pages 793-4.



Temporal Lobe Lability: Reflections

Some thoughts from David Hufford on the work of Michael Persinger. This is from correspondence that Dr. Hufford agreed to let me run for discussion; he wants me to emphasize that it is not prepared in the same manner as a published article.

I wanted to begin to raise some points about Michael Persinger's theories, which you did an <u>excellent</u> job of summarizing in a recent issue. His theories consistently provide a mechanism for a general sort of pattern which he then assumes is "filled in" by "cultural expectations." His hypotheses have the advantage of suggesting rather more inherent pattern than do most (for example, fearful affect plus hallucinations is the more general kind of pattern suggested in many reductive, psychophysiological explanations). However, to deal with anomalous experiences from NDEs to incubus and UFO abductions, he assumes a major but undemonstrated role for culture. That is not surprising since anthropologists have given ample grounds for those outside the field to believe that the phenomenonology of similar experiences is very different in different cultural contexts. I call the traditional anthropological explanations "the cultural source hypothesis." [That is, cultural loading shapes story-telling, hoaxes, illusions, dreams, and (other) hallucination including intoxicated hallucinosis to produce self-fulfilling evidence for cultural traditions). However, in every case that I have ever pursued, I have found that rigorous comparison, centering on the phenomenology of experience, confounds the cultural source hypothesis -- as a complete and therefore reductive explanation -- for those categories that are found in many cultures. There is no doubt that some local categories may be entirely explained this way, and that a great deal of "noise" is added to the account by the cultural source mechanisms operating in the presence of basic, phenomenological, <u>non-culturally provided</u> patterns. However, those patterns are, in several categories, far more specific than Persinger seems to imagine. The same assumptions and shortcomings might be noted for Ronald Siegel's somewhat less physiological, psychological explanations of NDEs. For an indication of just how detailed and stable such patterns can be cross-culturally, I refer you to my own work on the phenomenology of sleep paralysis (<u>The Terror That Comes in the Night: An Experience-Centered Study of Supernatural Assault Traditions</u>. Philadelphia, University of Pennsylvania Press, 1982). That particular category offered some unique research advantages, especially the opportunity to compare populations with various cultural models for the ex-

perience, and large populations with no learned model at all. That work, plus what we now know of the cross-cultural robustness of the NDE, now put the burden of proof on those who wish to use cultural loading as an explanation. At the very least, one must develop a good phenomenological description of the experience in question, and then observe the form of such experiences in a variety of cultural contexts. If the forms do not vary with the changes in cultural context, then there are no grounds for claiming that culture has provided the forms. The key here is genuine, rigorous phenomenology. The language always varies, and the interpretations often vary to a degree. That is entirely apart from the question of whether the experience has varied. In this regard the Sapir-Whorf hypothesis concerning world view and language has long been assumed to be true in some strong form, however, most empirical efforts to test it have failed to show the kind of culturally determined variation that the hypothesis predicted. I should add that none of this is an argument against neurophysiological factors being involved in these experiences. In my work on sleep paralysis I have become convinced that the muscle inhibition of REM, which is characteristic of the paralysis, is a basic factor in the bizarre experiences of nocturnal assault found in traditions the world over. At the same time, I have not been able to find any way this can be used to account for the other subjective elements of the experience. The tendency to accept such findings as complete explanations only shows our culture's tendency to omit altogether any attention to subjective report. If we were to find (which we do not -- illustration only) that schizophrenics all over the world said that their hallucinations involved a man in a green suit with red and white socks who called himself Alfred, would we say, "Well, that's because they're psychotic"? Discovering consistently associated mechanisms is very important, but where culture fails to provide an explanation of the contents of experience, mechanism is only a beginning. Psychotic states are examples of classes of experience in which the contents do in fact vary from culture to culture, thereby supporting a cultural source explanation.

I would also question Persinger's reasoning in the causal connections that he has suggested based on the ability to produce similar experiences neurophysiologically. The earliest work in this area showed, decades ago, that a neurosurgeon could produce visions of deceased relatives, but the same procedures could also produce compelling vision of living next-door neighbors. No one doubts that seeing your next door neighbor involves neurophysiological events, but neither does anyone conclude that your next door neighbour is himself produced by these events. Even the addition of geomagnetic events does not solve this issue. Again, no one doubts that planetary scale events have a profound effect on our perceptions. Most obviously, if you live in an area without artificial lighting, and you step outside while your neighbour is outside also, you will only see him if the sun or moon is illuminating the scene, and yet we do not say that the sun has caused the neighbor or even that it has caused him to be here (although it may have, even if he really exists!). Finding neurophysiological and geomagnetic events that correlate with the experiences that interest us is useful and fascinating. But the issue of whether something "real" is happening outside the mind of the experiencer -- or at least something more is going on that deserves inquiry -- depends more on the extent to which these perceptions fulfil the criteria that we normally apply to alleged observations. This is of central interest to me not because I deal in efforts to prove or disprove the objective reality of these things, but rather because I want to know to what extent believers have "good reasons" for believing something real is happening. And I find that their reasons have much more to do with internal evidence than with any claim of nonphysicality of mechanisms; e.g., did they obtain information that was accurate but not available to them in any "normal fashion" or did two or more people perceive the "same thing?" There seems good reason to believe that the answer is yes, so the argument from parsimony does not convince me that physical

About Bulletin of Anomalous Experience

Bulletin of Anomalous Experience is a bimonthly networking newsletter about the UFO "Abduction" phenomenon and related issues for interested scientists and mental health professionals.

BAE provides a forum for dissemination of information and insights, and ongoing debate. We try to "comfortably tread the narrow path between the groves of academia and the dust and heat of the market-place, inquiring and suggesting, not asserting or insisting" (in the words of Hilary Evans). If you have something to say, here is a place to say it. If you have a question or a problem, here is a place to ask for help.

How BAE Works

BAE is contribution-driven, and ideally will evolve to function as a paper equivalent of a computer bulletin board system. I have also been presenting some relevant excerpts from the medical literature in each issue.

If you are sending me correspondence about items in the Bulletin, I am assuming that you are providing permission to print all or part of it here. If you wish to send me a confidential or personal letter, that's fine too, but please specify in your letter that it is not to be printed. (Most of the time this is obvious, but better safe than sorry).

If you have lengthly contributions, you might consider sending me a diskette rather than a hard copy, since that saves me the trouble of keying the material in. I can accept 5 1/4" (1.2 meg) or 3 1/2" diskettes on my 386 system. I am running WordPerfect 5.0 but can also work with ASCII files. I can also be contacted on CompuServe (72037,737) and the WELL (drdave).

Subscription Information

Distribution is limited to mental health professionals and interested scientists. (I have referred some would-be subscribers who do not fall under either of these categories to some of the other fine publications that disseminate news in this area to a more general audience.)

Requests for subscriptions (at $20 per calendar year, a real bargain!) are welcome. A set of back issues from 1990 is also $20. Cash or money orders would be preferred to cheques -- my bank charges big bucks to deal with cheques drawn on U.S. banks. Write to:

David Gotlib, M.D., 1365 Yonge Street, Suite 200, Toronto, Ontario, Canada M4T 2P7



The August 1991 issue of The Atlantic Monthly featured an extremely lucid and understanding look at the Rocky Mountain UFO Conference run by Leo Sprinkle and June Parnell. The author, James S. Gordon, is a professor in the department of psychiatry at the Georgetown University School of Medicine, in Washington, D.C.. He is also the director of the Center for Mind-Body Studies. Gordon is the author of The Golden Guru: The Strange Journey of Bhagwan Shree Rajneesh (1987).

Some of his conclusions and observations are noted below.

The letters page of The Atlantic usually carries some pretty hot debates; I can't wait to see the response to Gordon's article.

The UFO Experience

by James S. Gordon
The Atlantic Monthly, August 1991
p.82-92

After several days of casual observation and many hours of intense conversation, I am impressed by how ordinary most of them seem. Diagnosis is at best a tricky business; outside a clinical setting it is especially problematic. Still, it seems fair to say that the vast majority of these people just aren't crazy. However incredible their UFO experience seems, and whatever it might actually be, it is not in any obvious way the product of serious psychopathology. They have been going about their business, making a living, bearing and raising children, having friends, taking vacations. When we talk, they are coherent and thoughtful, flexible rather than fanatic, and in good emotional contact with me. Though they have come to certain tentative conclusions, they are just as likely as I am to wonder exactly what it is that has happened to them.

Sitting among them I am sometimes reminded of the shamans I have met and studied around the world. Like their "primitive" counterparts, these UFO experiencers believe they have been taken on disorienting journeys out of ordinary time and space where "sky beings" torture, dismember, or otherwise irrevocably alter them. Returning to their daily lives, many feel strangely hopeful as well as deeply disturbed, reborn as well as wounded, and, often enough, powerfully committed to a healing vocation.

At the Rocky Mountain Conference, Leo Sprinkle and June Parnell are encouraging people to turn their UFO experience -- whatever it may have been or may be -- into this kind of transformative journey. They provide a safe place in which people can be guided, a point of view that reassures them that they are not crazy, tools they can use to continue to work on themselves, and a supportive network of contacts. They acknowledge the difficulties of the journey, do not judge its manifestations, and reassure the voyagers that it is navigable.



Not much has appeared in this newsletter about the "fantasy prone personality" hypothesis. I found the following paper intriguing because it uses a large number of UFO cases to ask the question, "how many of these cases really do fit the FPP hypothesis?" and discovers that some do, and some don't. The emphasis on helping the abductees deal with their experience, rather than labelling the experience as psychopathology, is quite welcome; even if you don't agree with the FPP premise as an explanation for any proportion of abduction reports, I wonder how favourable would be the therapeutic outcome for abductees using the model these authors propose.

UFO Abductees and Contactees: Psychopathology or Fantasy Proneness?

Professional Psychology: Research and Practice 1991, Vol. 22, No. 3. 215-222

by Robert E. Bartholomew
(graduate student in Sociology at Flinders University of South Australia, Bedford Park, South Australia, Australia)

Keith Basterfield
(described in the article as having "an enduring interest in UFOs and alien contact;" Adelaide, South Australia, Australia)

George S. Howard
(Professor of Psychology at the University of Notre Dame; his most recent books on theoretical and philosophical psychology are Dare We Develop a Human Science? and A Tale of Two Stories: Excursions into a Narrative Approach to Psychology, and his most

recent work in counseling and psychotherapy is entitled Adaptive Counseling and Therapy)

Abstract

Psychopathological interpretations of individuals who claim contacts with extraterrestrials typify the few psychiatric evaluations of such behavior. Biographical analyses of 152 subjects who reported temporary abductions or persistent contacts with UFO occupants show that these subjects are remarkably devoid of a history of mental illness. However, in 132 cases, one or more major characteristics were found of what Wilson and Barber (1981) identified as the fantasy-prone personality (FPP). Although they appear to function as normal, healthy adults, FPPs experience rich fantasy lives and score dramatically higher (relative to control groups) on such characteristics as hypnotic susceptibility, psychic ability, healing, out-of-body experiences, automatic writing, religious visions, and apparitional experiences. In the present study, UFO "abductees" and "contactees" exhibit a pattern of symptomatology similar to that of FPPs. Thus, clinicians should consider testing UFO abductees or contactees for fantasy proneness in cases in which a particular psychopathological diagnosis is not obvious.

The Present Study

Data for the present study were accumulated by Keith Basterfield over a 20-year period. Extensive UFO literature collections on several continents were canvassed, and sufficient material was found to test a parallel hypothesis to that of Wilson and Barber by examining a sample of abductees and contactees and comparing them to Wilson and Barber's FPP and control groups. The present sample consisted of 152 UFO abductees and contactees on whom there was biographical information. Biographies ranged from one paragraph in a few cases to an entire book or series of books in others. The nature of these data limited analysis to retrospective examination of biographical content from widely disparate archival sources. The reports of alien contact came from as far back as the 16th century through 1988, with more than 90% of the reported cases having taken place between 1950 and the present. The present study assessed the percentage of subjects who exhibit major FPP symptoms. This analysis represents a conservative estimate of the incidence of FPP symptoms in abductees and contactees, as the symptoms of the FPP type were not known until recently, and many abductees and contactees were simply not asked whether they experienced all of the symptoms of the FPP syndrome. All such instances would make the present data set look more like the Wilson and Barber control group and less like their FPP group. But it turns out that in 132 out of 152 cases (87%), one or more of the major symptoms of the FPP profile were reported for a UFO abductee or contactee.

	% of Wilson & Barber's FPP	% of Wilson & Barber's Controls	% of UFO exper'ncers
Psychic phenomena (telepathy, precognition)	92	16	75
Out-of-body Experiences	88	8	21
Automatic writing	50	8	8
Healing	66	0	6
Apparitions	73	16	14
Physiological effects	"many"	"v. few"	"many"

Although not all UFO abductees and contactees are FPPs, this exploratory study supports the hypothesis that a significant portion of this population may fall into the FPP category. Unfortunately, FPPs who experienced UFO-related contacts and abductions may often have been labelled as psychopathological because of traditional stereotypes of such individuals and a lack of in-depth psychological interviews. It seems appropriate to quote from Wilson and Barber who hinted at the potential for clinicians to enrich the lives of FPPs by helping them to understand their syndrome.

"Most of those we saw again later told us that our interviews had made a significant different in their lives. They typically states that they had gained greater understanding of themselves and felt less alone -- previously they had assumed that no one else was like them. Following participation in our project, some of the fantasizers felt ready to share their "secret" with important people in their lives. One told her husband of 20 years and gave him a copy of our preliminary report of the study so that he could see her as she really was. Another gave a copy...to her counselor so that he could understand her."

The critical issue for the diagnosis of UFO percipients takes on a different hue from a narrativist, constructivist perspective. Is it helpful to the course of therapy if one identifies the client as a person whose rich and absorbing fantasy can sometimes be harnessed to generate creative and productive personal and professional lives (as was often the case with Wilson & Barber's normal FPP sample), or as one whose runaway fantasies can invite derision and generally diminish the quality of his or her life and societal status? Can therapy framed in this manner help UFO percipients more than therapeutic efforts grounded in the view that such clients' psychopathology is pervasive? The discipline will never know the answer to these questions until clinicians begin to treat the healthy, well-adjusted subset of UFO percipients from an FPP perspective.

The implications of the present study extend beyond the tendency of clinicians to see reports of alien contact or abduction as certain indicators of psychopathology. All symptoms are imperfect indicators of underlying realities. Narrativists and constructivists urge psychologists to imagine possibilities that might counteract prevailing trends and beliefs. In doing so,

clinicians might actually be increasing the likelihood that such possibilities (constructions) will become a reality.



The Holographic Paradigm

This is one of the current "hot topic" in Transpersonal Psychology circles. The holographic paradigm states that the universe can be conceived as a giant hologram containing both matter and consciousness as a single field. Michael Talbot, author of the book The Holographic Universe, *further contends that the entire range of mystical and psychic experiences, including UFO sightings and abductions, can be explained by this theory.*

The first part of THE HOLOGRAPHIC UNIVERSE presents the experimental work, primarily of University of London quantum physicist David Bohm, and Stanford neurophysiologist Karl Pribram, that led to the formulation of the "holographic" paradigm.

The greater part of the book is devoted to studying a wide variety of phenomena, and demonstrating how they can be explained by the holographic paradigm. Some of the topics Talbot discusses:

-psychology (dreams, Jungian archetypes, psychosis, dissociative disorders and Multiple Personality Disorders)

-non-ordinary states of consciousness (out-of-body experiences, shamanic journeys and near-death experiences; our own Ken Ring gets a favourable exposure)

-psychic phenomena (Robert Jahn's psychokinesis experiments, remote viewing, poltergeists, reincarnation)

I have taken excerpts from this book first, to describe the holographic paradigm and the scientific basis for it; and second, to describe how Talbot feels it is relevant to the world of UFOlogy and abductions.

The Holographic Universe

by Michael Talbot
HarperCollins Publishers, 1991

Distributed Memory

"...What Karl Lashley (of Yerkes Laboratory of Primate Biology) had done was to train rats to perform a variety of tasks, such as run a maze. Then he surgically removed various portions of their brains and retested them. His aim was literally to cut out the area of the rats' brains containing the memory of their maze-running ability. To his surprise he found that no matter what portion of their brains he cut out, he could not eradicate their memories. Often the rats' motor skills were impaired and they stumbled clumsily through the mazes, but even with massive portions of their brains removed, their memories remained stubbornly intact.

"(this suggested to Pribram that) memories were not localized at specific brain sites, but where somehow spread out or distributed throughout the brain as a whole...After all, patients who had portion of their brains removed for medical reasons never suffered the loss of specific memories. Removal of a large section of the brain might cause a patient's memory to become generally hazy, but no one ever came out of surgery with any selective memory loss. Similarly, individuals who had received head injuries in car collisions and other accidents never forgot half of their family, or half of a novel they had read...

What Is A Hologram?

"Any wavelike phenomena can crate an interference pattern, including light and radio waves. Because laser light is an extremely pure, coherent form of light, it is especially good at created interference patterns.... A hologram is produced when a single laser light is split into two separate beams. The first beam is bounced off the object to be photographed. Then the second beam is allowed to collide with the reflected light of the first. When this happens, they create an interference pattern which is then recorded on a piece of film.

To the naked eye the image on the film looks nothing at all like the object photographed. In fact, it even looks a little like the concentric rings that form when a handful of pebbles is tossed into a pond. But as soon as another laser beam (or in some instances just a bright light source) is shined through the film, a three-dimensional image of the original object reappears. The three-dimensionality of such images is often eerily convincing. You can actually walk around a holographic projection and view it from different angles as you would a real object. However, if you reach out and try to touch it, your hand will waft right through it and you will discover there is really nothing there.

Three-dimensionality is not the only remarkable aspect of holograms. If a piece of holographic film containing the image of an apple is cut in half and then illuminated by a laser, each half will still be found to contain the entire image of the apple! Even if the halves

are divided again and then again, an entire apple can still be reconstructed from each small portion of the film (although the images will get hazier as the portions get smaller). Unlike normal photographs, every small fragment of a piece of holographic film contains all the information recorded in the whole.

This was precisely the feature that got Pribram so excited, for it offered at last a way of understanding how memories could be distributed rather than localized in the brain. If it was possible for every portion of a piece of holographic film to contain all the information necessary to create a whole image, then it seemed equally possible for every part of the brain to contain all of the information necessary to recall a whole memory.

Levels of Reality and the Holographic Model

One of Bohm's most startling assertions is that the tangible reality of our everyday lives is really a kind of illusion, like a holographic image. Underlying it is a deeper order of existence, a vast and more primary level of reality that gives birth to all the objects and appearances of our physical world in much the same way that a piece of holographic film gives birth to a hologram. Bohm calls this deeper level of reality the implicate (which means "enfolded") order, and he refers to our own level of existence as the explicate, or unfolded, order.

He uses these terms because he sees the manifestation of all forms in the universe as the result of countless enfoldings and unfoldings between these two orders. For example, Bohm believes an electron is not one thing but a totality or ensemble enfolded throughout the whole of space. When an instrument detects the presence of a single electron it is simply because one aspect of the electron's ensemble has unfolded...When an electron appears to be moving it is due to a continuous series of such unfoldments and enfoldments.

Put another way, electrons and all other particles are no more substantive or permanent than the form a geyser of water takes as it gushes out of a fountain. They are sustained by a constant influx from the implicate order, and when a particle appears to be destroyed, it is not lost. It has merely enfolded back into the deeper order from which it sprang. A piece of holographic film and the image it generates are also an example of an implicate and explicate order. The film is an implicate order because the image encoded in its interference patterns is a hidden totality enfolded throughout the whole. The hologram projected from the film is an explicate order because it represents the unfolded and perceptible version of the image.

...Saying that every part of a piece of holographic film contains all the information possessed by the whole is really just another way of saying that the information is distributed nonlocally. Hence, if the universe is organized according to holographic principles, it, too, would be expected to have nonlocal properties.

Non-Ordinary States of Consciousness

Grof feels that evidence of a hidden, holographic order surfaces virtually every time one experiences a nonordinary state of consciousness:

"Bohm's concept of the unfolded and enfolded orders and the idea that certain important aspects of reality are not accessible to experience and study under ordinary circumstances are of direct relevance for the understanding of unusual states of consciousness. Individuals who have experienced various nonordinary states of consciousness, including well-educated and sophisticated scientists from various disciplines, frequently report that they entered hidden domains of reality that seemed to be authentic and in some sense implicit in, and supraordinated to, everyday reality.

UFOs and the Holographic Model

Given that quantum physics has shown us that mind and matter are inextricably linked, I suggested (in a 1976 article) that UFOs and related phenomena are further evidence of this ultimate lack of division between the psychological and physical worlds. They are indeed a product of the collective human psyche, but they are also quite real. Put another way, they are something the human race has not yet learned to comprehend properly, a phenomenon that is neither subjective nor objective but "omnijective" -- a term I coined to refer to this unusual state of existence (I was unaware at the time that Corbin had already coined the term imaginal to describe the same blurred status of reality, only in the context of the mystical experiences of the Sufis).

This point of view has become increasingly prevalent among researchers. In a recent article Ring argues that UFO encounters are imaginal experiences and are similar not only to the confrontations with the real but mind-created world individuals experience during NDEs, but also to the mythic realities shamans encounter during journeys through the subtler dimensions. They are, in short, further evidence that reality is a multilayered and mind-generated hologram.

...Dr. Peter M. Rojcewicz, a folklorist at the Juilliard School in New York City, has also concluded that UFOs are omnijective. In fact, he believes the time has come for folklorists to realize that probably all of the phenomena [folkloric figures and supernatural beings] discussed by Vallee in Passport to Magonia are as real as they are symbolic of processes deep in the human psyche. "There exists a continuum of experiences where reality and imagination imperceptibly flow into each other," he states. Rojcewicz acknowledges that this continuum is further evidence of the Bohmian unity of all things and feels that, in light of the evidence that such phenomena are imaginal/omnijective, it is no longer defensible for folklorists to treat them simply as beliefs.

As significant as this realization is....it still does not shed light on the deepest mystery of all. As Carl Raschke, a faculty member in the Department of Religious Studies at the University of Denver, notes, "In the omnijective cosmos, where UFOs have heir place alongside quasars and salamanders, the issue of the veridical, or hallucinatory, status of glowing, circular

apparitions, becomes moot. The problem is NOT whether they exist, or in what sense they exist, but what ultimate aim they serve."

In other words, what is the final identity of these beings? Again, as with entities encountered in the near-death realm, there are no clear-cut answers. On one end of the spectrum, researchers such as Ring and Grosso lean toward the idea that, despite their impingements in the world of matter, they are more psychic projection than nonhuman intelligence. As Grosso states, "UFOs and other extraordinary phenomena are manifestations of a disturbance in the collective unconscious of the human species."

On the other end of the spectrum are those researchers who maintain that, despite their archetypal characteristics, UFOs are more alien intelligence than psychic projection. For example, Raschke believes that UFOs are "a holographic materialization from a conjugate dimension of the universe" and that this interpretation "certainly must take precedence over the psychic projection hypothesis, which flounders when one examines thoughtfully the astounding, vivid, complex, and consistent features of the 'aliens' and their 'spaceships' described by abductees."

...The truth is that we simply do not have the information necessary to assess how many nonphysical species are sharing our own space...After all, research into NDEs and shamanic experiences has so far taken us only just inside the borders of this cloud-shrouded realm...And if we are being visited by beings who are as insubstantial and plastic in form as the bodies OBEers find themselves in after they have exteriorized, it is not at all surprising that they might appear in a chameleonlike multitude of shapes. In fact, their actual appearance may be so beyond our comprehension that it may be our own holographically organized minds that give them these shapes....our minds may be sculpting the outward appearance of the UFO phenomenon...

It is interesting to note that if this is the case, it means that the true reality of these beings is apparently so transmundane and strange that we have to plumb the deepest regions of our folk memories and mythological unconscious to find the necessary symbols to give them form. It also means that we must be exceedingly careful in interpreting their actions. For example, the medical examinations that are the centerpiece of so many UFO abductions may be only a symbolic representation of what is going on. Rather than probing our physical bodies, these nonphysical intelligences actually may be probing some portion of us for which we currently have no labels, perhaps the subtle anatomy of our energy selves or even our very soul. Such are the problems one faces if the phenomenon is indeed an omnijective manifestation of a nonhuman intelligence.

The participation of the observer affects what is observed

Most crucial of all, science must replace its enamorment with objectivity -- the idea that the best way to study nature is to be detached, analytical, and dispassionately objective -- with a more participatory approach....In a universe in which the consciousness of a physicist affects the reality of a subatomic particle, the attitude of a doctor affects whether or not a placebo works, the mind of an experimenter affects the way a machine operates, and the imaginal can spillover into physical reality, we can no longer pretend that we are separate from that which we are studying. In a holographic and omnijective universe, a universe in which all things are part of a seamless continuum, strict objectivity ceases to be possible.

...A shift from objectivity to participation will also most assuredly affect the role of the scientist. As it becomes increasingly apparent that it is the experience of observing that is important, and not just the act of observation, it is logical to assume that scientists in turn will see themselves less and less as observers and more and more as experiencers. As Harman states, "A willingness to be transformed is an essential characteristic of the participatory scientist."



Elevated, specific temporal lobe signs in a population engaged in psychic studies.

Persinger MA Fisher SD
Percept Mot Skills 1990 Dec;71(3 Pt 1):817-8

We tested the hypothesis that a special population of people who maintain exotic beliefs and report frequent subjective psi experiences should display more frequent temporal lobe signs and symptoms. Clusters of items, that reflect various temporal lobe factors for 20 women who were actively (greater than 1 year) involved with a local psychic and spiritual development group, were compared to items for an age-matched reference group ($n = 61$). T-scores for the reference group did not differ from those of the normal population. Whereas the psychic group did not differ from the reference group on various control and psychiatric measures, mean T-scores on clusters that infer complex partial epileptic signs (specifically a sense of presence, olfactory experiences, and intense meaning) ranged between 65 and 70. Group affiliation explained 22 to 50% of the variance for each of these variables; with discriminant analysis, they correctly classified 95% of both groups of participants.

Hypnotic susceptibility and dream characteristics.

Zamore N Barrett D
Psychiatr J Univ Ott 1989 Nov;14(4):572-4

This study examined the relationship of hypnotic susceptibility to a variety of dream characteristics and types of dream content. A Dream Questionnaire was constructed synthesizing Gibson's dream inventory and Hilgard's theoretical conceptions of hypnosis. Employing

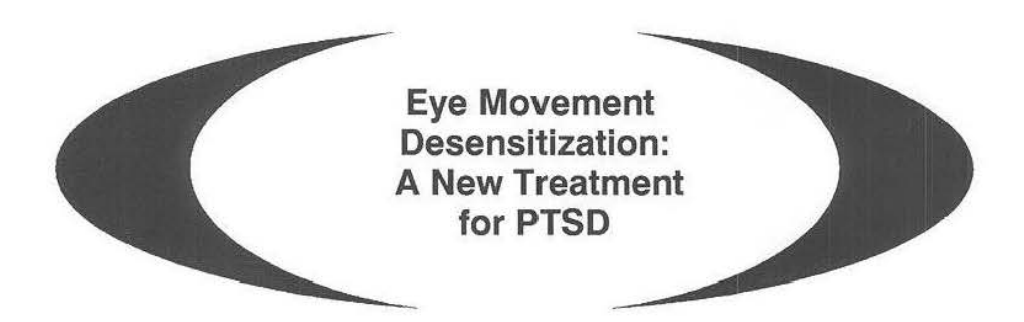
the Harvard Group Scale of Hypnotic Susceptibility and the Field Inventory for evaluating hypnotic response, several dream dimensions correlated significantly with hypnotizability. For subjects as a whole, the strongest correlates were the frequency of dreams which they believed to be precognitive and out-of-body dreams. Ability to dream on a chosen topic also correlated significantly with hypnotic susceptibility for both genders. For females only, there was a negative correlation of hypnotic susceptibility to flying dreams. Absorption correlated positively with dream recall, ability to dream on a chosen topic, reports of conflict resolution in dreams, creative ideas occurring in dreams, amount of color in dreams, pleasantness of dreams, bizarreness of dreams, flying dreams and precognitive dreams.

Waking dreams and other metachoric experiences.

Green C

Psychiatr J Univ Ott 1990 Jun;15(2):123-8

This paper summarizes the development of the concept of metachoric experiences from 1961 onwards. The name of metachoric experience was given to one in which the whole of the environment was replaced by a hallucinatory one, although this may provide a precise replica of the physical world and appear to be completely continuous with normal experience. Prior to 1968 three types of metachoric experiences had been recognized; lucid dreams, out-of-the-body experiences (OBEs) and false awakenings, all of which showed interrelationships. The Institute's 1968 appeal for apparitional experiences led to a recognition that many of these were probably metachoric. This was suggested among other things by certain cases in which the lighting of the whole field of view changes, thus indicating that the experience was completely hallucinatory. The study of apparitions led also to the concept of waking dreams, i.e. completely hallucinatory experiences which may be initiated and terminated without any awareness of discontinuity on the part of the subject. These experiences seem to be capable of considerable apparent extension in time, thus providing a possible explanation of some reports of UFO sightings and of some of the more anomalous experiences of psychical research. In this connection the paper discusses the well-known Versailles experience of Miss Moberly and Miss Jourdain, and a published case of C.G. Jung. In conclusion some of the most obvious similarities and differences between the different types of metachoric experiences are discussed.



Eye Movement Desensitization: A New Treatment for PTSD

Early this year Leo Sprinkle put me onto a new treatment technique for Post-Traumatic Stress Disorder, called Eye Movement Desensitization and Retrainng (EMD/R). I have not had room for it until this issue.

In the meantime, Leo reports he attended a workshop by the developer of EMD/R, Francine Shapiro, Ph.D., and was impressed with her work. He feels that these procedures can be of benefit in the treatment of UFO experiencers suffering from "experienced anomalous trauma."

Below are excerpts from a paper by Dr. Shapiro on EMD/R. Dr. Shapiro and her associates are running two-day training programs in this technique ths fall (September in Philadelphia and San Francisco; October in Chicago; November in San Jose, CA). For information, write EMDR, 555 Middlefield Road, Palo Alto, CA 94301, or telephone (415) 328-5821.

Eye Movement Desensitization: A New Treatment for Post-Traumatic Stress Disorder.

Francine Shapiro, Mental Research Institute, Inc., Palo Alto, California

J. Behav. Ther. & Exp. Psychiat. Vol. 20, No. 3, pp. 211-217, 1989

Abstract

The use of saccadic eye movements for treating post-traumatic stress disorder is described. The procedure involves eliciting from clients sequences of large-magnitude, rhythmic saccadic eye movements while holding in mind the most salient aspect of a traumatic memory. This results in (1) a lasting reduction of anxiety, (2) changes in the cognitive assessment of the memory, and (3) cessation of flashbacks, intrusive thoughts, and sleep disturbances. The procedure can be extremely effective in only one session, as indicated by a previous controlled study and a case history presented here. It does not require a hierarchical approach, as in desensitization, or the elicitation of disturbingly high levels of anxiety over a prolonged period of time, as in flooding. Some

speculations are offered concerning the basis for the effectiveness of the procedure.

Introduction

...A systematic study (of the eye movement procedure) was made of 22 rape-molestation and Vietnam veterans (Shapiro, 1989)...They had received previous therapeutic treatment for an average of 6 years...A pivotal aspect was the memory of one or more traumatic incidents...The results of the study indicated that a single session of the eye movement desensitization (EMD) procedure was sufficient to desensitize completely subjects' traumatic memories and dramatically alter their cognitive self-assessments....This treatment effect was maintained virtually unchanged when assessed three months later and was accompanied by behavior shifts which included the alleviation of the subjects' primary presenting complaints.

General Procedure

The effect of saccadic eye movements was discovered accidentally by the author upon noticing in herself that recurring, disturbing thoughts were suddenly disappearing and not returning. Careful self-examination ascertained that the apparent cause was the author's eyes were involuntarily moving in a multi-saccadic manner when the disturbing thoughts arose. The thoughts disappeared completely and, if deliberately retrieved, were no longer upsetting. The author then made conscious use of these movements to a variety of volunteers and clients to explore systematically their therapeutic possibilities. The present EMD procedure evolved from the observations garnered during hundreds of treatment sessions. The traumatic memory is treated by requiring that the client maintain in awareness one or more of the following: (1) an image of the memory; (2) the negative self-statement or assessment of the trauma; and (3) the physical anxiety response. Simultaneously, the therapist induces multi-saccadic eye movements by asking the client to follow the repeated side-to-side movement of the therapist's finger. Although the optimal condition occurs when all three representations are held simultaneously in the client's consciousness, the presence of any one of them can be sufficient to achieve full desensitization.

Step-by-Step Procedure

Clients are first asked to focus on the memory from which they wish relief and then to isolate a single picture representative of the entire memory (preferably the most traumatic point in the incident). It is unnecessary for them to describe or discuss the memory or picture in detail; mere awareness of the image will allow desensitization to proceed.

In order to assess the belief statement about the incident, clients are asked, "What words about yourself or the incident best go with the picture?" Most express such beliefs as "I am helpless," "I should have done something," or "I have no control." For clients who have difficulty generating an assessment statement, the therapist may suggest some alternatives after asking them to describe their feelings about the past incident. Only those belief statements that are recognized by clients as clearly applicable to them and the incident should be use and, where possible, in verbatim form.

Clients are then directed to concentrate on the traumatic picture and the words of the belief statement, to (1) assign a SUD level to them and (2) identify the physical location of the anxiety sensations. They are next asked how they would prefer to feel and to supply a new belief statement reflecting the desired feeling (eg "I have control," "I am worthy," "I did the best I could." They are then to judge by means of the seven-point Validity of Cognition scale how true the new statement feels to them (i.e. their "gut level" response). Next, the following instructions are given:

(lower case) "What we will be doing is often a physiology check. I need to know from you exactly what is going on, with as clear feedback as possible. Sometimes things will change and sometimes they won't. I may ask you if the picture changes -- sometimes it will and sometimes it won't. I'll ask you how you feel from "0" to "10" -- sometimes it will change and sometimes it won't. I may ask if something else comes up -- sometimes it will and sometimes it won't. There are no "supposed to's" in this process. So just give as accurate feedback as you can as to what is happening, without judging whether it should be happening or not. Just let whatever happens, happen.

Clients are then instructed to (1) visualize the traumatic scene, (2) rehearse the negative statement (eg "I am helpless"), (3) concentrate on the physical sensations of the anxiety, and (4) visually track the therapist's index finger. The finger is moved rapidly and rhythmically back and forth across the line of vision from the extreme right to extreme left at a 12-14 inch distance from the client's face, two back-and-forth-movements per second. The distance traveled by the hand on each sweep is at least 12 inches. Very rarely, clients may respond better to a diagonal movement across the midline of the face from their lower right to upper left (i.e.chin-level to contralateral brow-level). The back-and-forth movement of the therapist's finger is repeated 12-24 times, each such grouping being defined as one set.

For the occasional client who is unable to track the moving finger or finds this aversive, the therapist can use a two-handed approach of positioning each index finger on opposite sides of the client's visual field at eye level and alternatively lifting them. The client is instructed to move the eyes from one finger to the other as each is raised.

After each set of saccades, clients are asked to: "Blank it (the picture) out and take a deep breath." They are then instructed to bring up the picture and words again, to get in touch with the feeling generated, and to give a SUDs rating from "0" to "10." If the SUDs level does not decrease after two sets of saccades, the client is asked, "Did the picture change?", or "What do you get now/Does anything else come up?" If a new memory has been revealed, it is desensitized before returning to the old picture.

....If a reduction in SUDs level fails to occur after two sets of eye movements, it is extremely important to

search for a mismatch of picture, cognition, or emotions. That is, if a new picture or memory has been revealed, it may not fit the cognition already being used. Likewise, if the emotion has changed, the cognitive component may be incongruent. For instance, the cognition, "It was shameful" may have applied to the feeling of guilt which was the initial emotion associated with the trauma, but not with the feeling of sadness which replaced it. In order to continue the desensitization process, the cognition is dropped completely. The same is true if the picture becomes altered so that it is no longer congruent with the cognition.

Follow-up sessions have consistently demonstrated that the picture and cognition remain altered. Most often, the emotional level of "0"-"1) SUDs is maintained, although occasionally a new emotion arises (eg anger, instead of the earlier anxiety). It appears that the predominant emotion will be desensitized during the first session, allowing other previously masked emotions to surface. Very often this changing of emotions occurs during the initial treatment session, at which time they are all desensitized. If the emotion surfaces later, however, the EMD procedure can be used to desensitize it at that time.

Discussion

It is apparent that the EMD procedure is extremely effective in desensitizing traumatic memories characteristic of PTSD and eliminating attendant complaints. The basis for the effectiveness is, however, unclear in that the technique was not derived from a theoretical position and there is, at this time, insufficient empirical evidence to justify conclusions. This in no way detracts from the usefulness of the procedure, of course. Nevertheless, some speculations about its underlying mechanisms may be of interest...

...it is possible that rhythmic, multi-saccadic eye movements represent the brain's automatic inhibitory (or excitation-releasing) mechanism. For example, it is possible that unconscious material surfacing during dreaming is partially desensitized by rapid eye movements (REM). Congruent with this hypothesis are the results of a study by Lavie, Hefez, Halperin, and Enoch (1979) in which combat veterans suffering from PTSD revealed a longer latency to enter REM sleep and spent less time in REM sleep than did a control group. Thus it is possible that anxiety and rapid eye movements are reciprocally inhibitory.

Conclusion

Multiple sessions have been necessary for some combat veterans and for one sexual cult victim, who had been abused over a seven-year period. Nevertheless, one-to-three individual traumatic memories can be treated in a single session which, for many PTSD victims may be sufficient to eliminate the pronounced symptomatology. It must be emphasized, however, that while the present description contains sufficient information to desensitize approximately 60-70% of PTSD-related traumatic memories, specialized and intensive training is necessary to approach the highest success rates.

The EMD procedure is novel and still in the process of refinement. To increase its credibility in the therapeutic community it is necessary that the successes be independently replicated. The outlook is promising in that therapists in both the United States and Israel, having been instructed in the procedure, appear to be obtaining comparable results. Published reports are expected to appear in the coming year.



Two items on childhood trauma from the work of Lenore Terr. Compare to your own experience with child experiencers.

Childhood Traumas: Outline and Overview.

Terr LC: Am J Psychiatry 1991; 148: 10-20

Summarized by Donald Gof, MD in Psychiatrist's Clinical Update, Vol. 2, No. 3, May 1991

In an article from a recent issue of American Journal of Psychiatry, Lenore Terr carefully studied the psychological aftermaths of several traumatic episodes on child victims. This includes the Chowchilla kidnapping of a school bus full of children, which involved a 4-year follow-up. In addition, Terr has extensive clinical experience with 150 traumatized children. On the basis of this research and clinical experience, she provides the following observations.

First, she defines childhood traumas as the mental result of one sudden event or a series of external blows rendering the child temporarily helpless and breaking ordinary coping and defensive operations. She divides traumas into 2 categories: type I -- single, sudden blows; and type II - long-standing or repeated ordeals.

Terr also emphasizes 4 characteristics that occur in traumatized children regardless of age or time elapsed since the trauma:

(1) strongly visualized or otherwise repeatedly perceived memories;

(2) repetitive behaviors;

(3) trauma-specific fears; and

(4) changed attitudes about people and life.

She notes that recurring posttraumatic dreams, which are often viewed as a hallmark of traumatization in adults, are generally not reported by children traumatized before age 5. Posttraumatic dreams in children 5 years tend to be infrequent and highly disguised, particularly as time elapses after the traumatic event.

Revisualization of the traumatic event is very common. Children who were traumatized as infants or toddlers, before they were able to lay down retrievable verbal memories, demonstrate vivid revisualization by repetitively drawing sketches of the trauma or re-enacting the trauma almost as if they were playing a role in a movie. Repetitive re-enactments are common and tend to last long after nightmares have ended. Even children with no verbal memories of the event may repetitively re-enact aspects of the trauma or re-experience somatic sensations associated with the event.

Victims of a single (type I) trauma, if older than about age 3 at the time of the trauma, tend to have extremely clear and precise memories of the event. This is in contrast to victims of repetitive (type II) traumas, who tend to develop amnesias, with very spotty recall of the trauma or of large segments of their past. Amnesias probably reflect the repetitively traumatized child's adoption of dissociative defenses. Traumatized children also commonly display multiple fears, including fears of the dark and of being alone. While such fears are not specific to traumatized children, Terr observes that a hallmark of traumatization is the fear of specific situations or objects directly related to the trauma; for example, fear of a specific form of sexual activity if the child was sexually abused; or, if the child was injured by a dog, the fear of a specific type of dog. Trauma may also shatter the child's sense of invincibility, leaving the child with an ongoing conviction that future traumas are inevitable.

Children who experience a single trauma often become preoccupied with the question, "Why me?" This represents an effort to explain what may have been, in reality, an entirely random and unavoidable event. Considerable energy goes into this process of reinterpreting the cause or meaning of the trauma, and often intense feelings of guilt are involved.

The repetitively abused child is much less likely to engage in the processes of explaining why a trauma occurred and instead will focus on "How will I avoid it next time?" Terr notes that repetitive traumas can profoundly affect a child's affective state, producing numbness, sadness, and rage. These children often are diagnosed with affective disorders, conduct disorders, attention deficit disorder, or dissociative disorders. The repetitively abused child may display an indifference to pain, a lack of empathy, an inability to acknowledge feelings, and an absolute avoidance of intimacy. The dissociative symptoms may involve bodily anaesthesias, feelings of invisibility, and amnesias.

Finally, the repetitively abused child may demonstrate wild fluctuations between extreme passivity and rage. The rage may, at times, be directed inward, and may be associated with bodily injury or mutilation. This rage often contributes to the clinical picture of borderline personality in adults.

The following is from Science News, May 25/91

Traumatic Memories: Lost and found

Often, a single traumatic event creates an indelible memory. But in children who are repeatedly exposed to such experiences -- as in many cases of sexual abuse -- the distressing memories may lie dormant until unleashed by a seemingly inconsequential situation in adulthood, according to Lenore C. Terr of the University of California, San Francisco.

Terr bases her assertion on dozens of cases of "spontaneous recall" of childhood traumas explored in her clinical practice and described in letters from people across the country who read of her interest in traumatic memories.

In most cases, the child first "dissociates" from disturbing events. Dissociation involved psychological detachment from one's surroundings and a distancing of self from sensations, thoughts or emotions. It also alters perceptions of time and identity, often resulting in memory gaps.

In a much-publicized court case that ended this past February with a conviction, a 28-year-old woman claimed she suddenly remembered witnessing her father murder one of her playmates 20 years earlier. The woman, who said she was repeatedly raped by her father as a child, recalled the murder when she looked into her own daughter's eyes and realized that they resembled the murder victim's eyes. Terr, who testified in the case, also notes that the memory resurfaced with the woman's severing of all ties to her father after he made sexual advances to her daughter. The woman's description of the crime closely matched police evidence on the victim's wounds and the nature of the attack, Terr adds.

Paying attention to repeated behaviors may also spark the return of traumatic memories, she says. In one instance, an artist realized that her surrealistic paintings reenacted her sexual abuse as a child. In every painting, she felt compelled to depict her childhood house surrounded by flames.

"We can sometimes help kids recreate their experiences of abuse by having them draw their homes," Terr maintains.

Some researchers question the accuracy of spontaneous recall, noting that memories tend to blend together and change over time. Corroborating evidence and repeated behaviors or dreams that recall traumatic events serve as checks on spontaneous recall, Terr contends.